

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/562168

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6	/		/			
7		/		/		
8		2		/		
9		2		/		
10	/		/			
11		/		/		
12		/		/		
13		2		/		
14		2		/		
15		2		/		
16		2		/		
17		2		/		
18		2		/		
19		2		/		
20	/		/			
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25		/		/		
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		2		/		
31	/		/			
32		/		/		
33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		2		/		
42		/		/		
43		/		/		
44	/		/			
45		/		/		
46		/		/		
47		/		/		
48		2		/		
49		2		/		
50		2		/		
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	73	←	73	←		←
TOTAL CLAIMS	80		79			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
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63				/		
64				/		
65				/		
66				/		
67				/		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						